

49/889934

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 889934	RECEIPT DATE:	07 / 25 / 01
IA NUMBER:	PCT/ DE00 / 00278	IA FILING DATE:	02 / 01 / 00
FAMILY NAME:	KAUP	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	ANDRE	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	02 / 01 / 99
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	1454.1068/RA	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	021171	TELEPHONE 2024341500
			FAX 2024341501
NAME:	STAAS & HALSEY LLP		
STREET:	700 11TH STREET, NW		
	SUITE 500		
CITY:	WASHINGTON		
STATE/COUNTRY:	DC	ZIP:	20001
EMAIL:			
APPLICATION TITLES:			
	METHOD ANF ARRANGEMENT FOR TRANSFORMING A PICTURE AREA		

TAB TO LAST POSITION,PUSH SEND



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WASHINGTON, D.C. 20231  
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Bib Data Sheet

CONFIRMATION NO. 4716

<b>SERIAL NUMBER</b> 09/889,934	<b>FILING DATE</b> 07/25/2001 <b>RULE</b>	<b>CLASS</b> 348	<b>GROUP ART UNIT</b> 2613	<b>ATTORNEY DOCKET NO.</b> 1454.1068/RA
<b>APPLICANTS</b> Andre Kaup, Hoehenkirchen, GERMANY; <b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/DE00/00278 02/01/2000 <b>** FOREIGN APPLICATIONS *****</b> GERMANY 199 03 859.7 02/01/1999 <i>Yes TV</i> <i>Yes TV</i>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 1
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 21171				
<b>TITLE</b> Method and apparatus for transforming a picture area				
<b>FILING FEE RECEIVED</b> 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	